



Supplemental Application Data Sheet

Application Information

Application Type:: Regular
Subject Matter:: Utility
Suggested Classification::
Suggested Group Art Unit::
CD-ROM or CD-R?:: None
Number of CD disks::
Number of Copies of CDs::
Sequence Submission?:: None
Computer Readable Form (CRF):: No
Number of copies of CRF:: 0
Title:: METHOD AND APPARATUS FOR
RECOVERING A PURE SUBSTANCE
FROM AN IMPURE SOLUTION BY
CRYSTALLIZATION
Attorney Docket Number:: 2001-1288
Request for Early Publication?:: No
Request for Non-Publication?:: No
Suggested Drawing Figure::
Total Drawing Sheets:: 3
Small Entity?:: No
Latin Name::
Variety Denomination Name::
Petition Included?:: No
Petition Type::
Licensed US Gov't Agency::
Contract or Grant Numbers::
Secrecy Order in Parent No
Appl.?::

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: THE NETHERLANDS
Status:: Full Capacity
Given Name:: RAY
Middle Name:: ~~SIREY~~ SIRCY
Family Name:: RUEMEKORF
City of Residence:: ROSMALEN
State or Province of
Residence::
Country of Residence:: THE NETHERLANDS
Street of Mailing HOUTVESTERSTRAAT 57
Address::
City of Mailing Address:: ROSMALEN
State or Province of Mailing Address::
Country of Mailing Address:: THE NETHERLANDS
Postal or Zip Code of Mailing Address:: NL-5241 JZ

Applicant Authority Type:: Inventor
Primary Citizenship Country:: GERMANY
Status:: Full Capacity
Given Name:: REINHARD
Middle Name:: UWE
Family Name:: SCHOLZ
City of Residence:: KERKEN
State or Province of
Residence::
Country of Residence:: GERMANY
Street of Mailing ST. THOMASWEG 2
Address::
City of Mailing Address:: KERKEN
State or Province of Mailing Address::

Country of Mailing Address:: GERMANY
Postal or Zip Code of Mailing Address:: D-47647

Correspondence Information

Correspondence Customer 000466
Number::

Representative Information

Representative Customer	000466
Number::	

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
EUROPE	02078711.5	9/10/02	Yes

Assignment Information

Assignee Name::
Street of Mailing Address::

City of Mailing Address::
State or Province of Mailing Address::
Country of Mailing Address::
Postal or Zip Code of Mailing Address::